State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-91) Please print or type (Form designed for use on elite (12-prich typewriter) See Instructions on Back of Page 6 Department of Health Services
Toxic Substances Control Division and Front of Page 7 UNIFORM HAZARDOUS 1. Generator's US EPA ID No. Sacramento, California WASTE MANIFEST Manifest 2. Page C|A|D|9|8|1|6|4|9|2|1 Information in the shaded areas 3. Generator's Name and Mailing Address 0 0 0 2 7 is not required by Federal law. QUALITY FABRICATORS A. State Mar **88** 21045 Osborne, Canoga Park, CA 91302 4. Ganerator's Phone (818) B. State Generator's ID 709-8505 1-800-852-7550 5. Transporter 1 Company Name US EPA ID Number C. State Transporter's #0905083 BETTERBILT CHEMICALS. D. Transporter's Phone 213) 949-0668 ICIAID19181116181612141 Transporter 2 Company Name US EPA ID Number 9. Designated Facility Name and Site Address F. Transportor's Phone US EPA ID Number OMEGA RECOVERY SERVICES G. State Facility's ID S S 12504 E. Whittier Blvd. CIADOIAISIAI SAOIL Whittier, CA 90602 ICIAIDI01412121415101011 11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) 698-0991 CAL 12. Containers 13. Total 14. Unit Quantity Waste No. 00 No. Type ∞ E WASTE, FLAMMABLE LIQUID N.O.S. UN1993 EPA/OH CENTER 1-500-424-8802; D001 0 EPA/Other State EPA/Other State RESPONSE J. Additional Descriptions for Materials Listed Above EPA/Other WASTE WASH THINNER 01 NATIONAL G 15. Special Handling Instructions and Additional Information 포 USE GLOVES & GOGGLES CALL GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. SPILL, If I am a large quantity generator, I certify that I have a program in place to raduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. OR EMERGENCY Printed/Typed Name MARCHIE Day 10 Transporter 1 Acknowledgement of Receipt of Materials AN Printed/Typed Name RICHARD SENTENO 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Month Day 19. Discrepancy Indication Space 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Signature Month Day Year DHS 8022 A (1/88) EPA 8700-22 (Rev. 9-88) Previous editions are obsolete. Do Not Write Below This Line

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS To: P.O. Box 3000, Sacramento, CA 95812